MIDDLE RIVER HEALTH CARE CENTER

8274 EAST SAN ROAD

SOUTH RANGE 54874 Phone: (715) 398-3523		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	102	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	102	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	96	Average Daily Census:	99

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care	No	Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	16.7
Supp. Home Care-Personal Care	No					1 - 4 Years	45.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	4.2	More Than 4 Years	25.0
Day Services	No	Mental Illness (Org./Psy)	54.2	65 - 74	4.2		
Respite Care	No	Mental Illness (Other)	6.3	75 - 84	34.4		87.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	15.6	65 & Over	95.8		
Transportation	No	Cerebrovascular	5.2			RNs	8.1
Referral Service	No	Diabetes	2.1	Gender	용	LPNs	11.7
Other Services	Yes	Respiratory	2.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	11.5	Male	25.0	Aides, & Orderlies	42.1
Mentally Ill	No	1		Female	75.0	1	
Provide Day Programming for		1	100.0			I	
Developmentally Disabled	No	1			100.0	I	

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	1	100.0	265	2	2.4	132	0	0.0	0	1	8.3	170	0	0.0	0	0	0.0	0	4	4.2
Skilled Care	0	0.0	0	79	95.2	113	0	0.0	0	11	91.7	140	0	0.0	0	0	0.0	0	90	93.8
Intermediate				1	1.2	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.2	167	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		83	100.0		0	0.0		12	100.0		0	0.0		0	0.0		96	100.0

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	- 1						
	I				% Needing		Total
Percent Admissions from:	- 1	Activities of	용	As	sistance of	<u> -</u>	Number of
Private Home/No Home Health	10.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.5	Bathing	1.0		76.0	22.9	96
Other Nursing Homes	3.5	Dressing	4.2		79.2	16.7	96
Acute Care Hospitals	74.6	Transferring	32.3		53.1	14.6	96
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.9		58.3	19.8	96
Rehabilitation Hospitals	6.1	Eating	44.8		41.7	13.5	96
Other Locations	1.8	******	******	*****	*****	******	*****
Total Number of Admissions	114	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	4.2	Receiving Resp	iratory Care	7.3
Private Home/No Home Health	21.6	Occ/Freq. Incontiner	nt of Bladder	63.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	4.3	Occ/Freq. Incontiner	nt of Bowel	37.5	Receiving Suct	ioning	0.0
Other Nursing Homes	0.9	-			Receiving Osto	my Care	0.0
Acute Care Hospitals	43.1	Mobility			Receiving Tube	Feeding	1.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	17.7	Receiving Mech	anically Altered Diets	35.4
Rehabilitation Hospitals	4.3				_	-	
Other Locations	2.6 i	Skin Care			Other Resident C	haracteristics	
Deaths	23.3 i	With Pressure Sores		11.5	Have Advance D	irectives	96.9
Total Number of Discharges	i	With Rashes		11.5	Medications		
(Including Deaths)	116 i				Receiving Psyc	hoactive Drugs	69.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	****	*****	****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietarv	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	%	Ratio	용	Ratio	용	Ratio	ઇ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	86.2	1.13	87.6	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	81.3	78.5	1.04	83.0	0.98	82.1	0.99	76.7	1.06
<u> </u>									
Admissions from In-County, Still Residing	20.2	17.5	1.15	19.7	1.03	20.1	1.00	19.6	1.03
Admissions/Average Daily Census	115.2	195.4	0.59	167.5	0.69	155.7	0.74	141.3	0.81
Discharges/Average Daily Census	117.2	193.0	0.61	166.1	0.71	155.1	0.76	142.5	0.82
Discharges To Private Residence/Average Daily Census	30.3	87.0	0.35	72.1	0.42	68.7	0.44	61.6	0.49
Residents Receiving Skilled Care	97.9	94.4	1.04	94.9	1.03	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	95.8	92.3	1.04	91.4	1.05	92.0	1.04	87.8	1.09
Title 19 (Medicaid) Funded Residents	86.5	60.6	1.43	62.7	1.38	61.7	1.40	65.9	1.31
Private Pay Funded Residents	12.5	20.9	0.60	21.5	0.58	23.7	0.53	21.0	0.60
Developmentally Disabled Residents	1.0	0.8	1.30	0.8	1.36	1.1	0.94	6.5	0.16
Mentally Ill Residents	60.4	28.7	2.10	36.1	1.68	35.8	1.69	33.6	1.80
General Medical Service Residents	11.5	24.5	0.47	22.8	0.50	23.1	0.50	20.6	0.56
Impaired ADL (Mean)	48.5	49.1	0.99	50.0	0.97	49.5	0.98	49.4	0.98
Psychological Problems	69.8	54.2	1.29	56.8	1.23	58.2	1.20	57.4	1.22
Nursing Care Required (Mean)	8.3	6.8	1.23	7.1	1.18	6.9	1.21	7.3	1.14